Application No.	:	10/600,280	Confirmation No. : 6345
Applicant	:	Lake, *et al.*	
Filed	:	June 20, 2003	
TC/A.U.	:	1744	
Examiner	:	JASTRZAB, KRISANNE MARIE	
Docket No.	:	7505-1	

OFFICIAL RESPONSE TO OFFICE ACTION

MAIL STOP AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the office action mailed January 3, 2005, please amend the above-

identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on

page 2 of this submission.

Remarks/Arguments begin on page 7 of this submission.

06/30/2005 CCHAU1   00000026 500951   10600280
02 FC:2202   25.00 DA

{WF238620;1}

Certificate Under 37 CFR 1.8(a)
I hereby certify that this correspondence is being transmitted via facsimile transmission to
MAILSTOP AMENDMENT, at fax number 703-872-9306 on

_____6/29/05_____   _____, Reg. No. 25,931
Date   J. Rodman Steele, Jr.

Application No.	:	10/600,280
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__Via Facsimile Transmission (17 pages)__
__Fax Number 703-872-9306__

MAIL STOP AMENDMENT
Commissioner for Patents
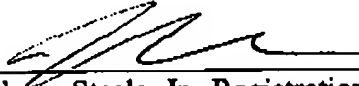P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Please find enclosed for filing:

1. Applicants Response to Office Action;
2. Petition for Retroactive Extension of Time (three months);
3. Fee Transmittal Sheet.

Please charge any deficiencies or credit any overpayment to Deposit Account No. 50-0951.

Respectfully submitted,

Date: _6/29/05_

J. Rodman Steele, Jr., Registration No. 25,931
Gregory A. Nelson, Registration No. 30,577
AKERMAN SENTERFITT
Customer No. 30448
Post Office Box 3188
West Palm Beach, FL 33402-3188
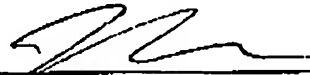Telephone: (561) 653-5000

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(WP238620;1)

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_6/29/05_
Date

J. Rodman Steele, Jr.

, Reg. No. 25,931

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PTO/SB/17 (12-04)
Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). **FEE TRANSMITTAL For FY 2005**	**Complete if Known**	
	Application Number	10/600,280
	Filing Date	JUNE 20, 2003
	First Named Inventor	LAKE, et al.
[✓] Applicant claims small entity status. See 37 CFR 1.27	Examiner Name	JASTRZAB, KRISANNE MARIE
	Art Unit	1744
TOTAL AMOUNT OF PAYMENT ($) 535.00	Attorney Docket No.	7506-1

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):_____

[✓] Deposit Account   Deposit Account Number: 50-0051   Deposit Account Name: AKERMAN SENTERFITT

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

[✓] Charge fee(s) indicated below   ☐ Charge fee(s) indicated below, except for the filing fee

[✓] Charge any additional fee(s) or underpayments of fee(s)   [✓] Credit any overpayments
under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

	FILING FEES		SEARCH FEES		EXAMINATION FEES		
Application Type	Fee ($)	Small Entity Fee ($)	Fee ($)	Small Entity Fee ($)	Fee ($)	Small Entity Fee ($)	Fees Paid ($)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	Fee ($)	Small Entity Fee ($)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims		Extra Claims	Fee ($)	Fee Paid ($)		Multiple Dependent Claims	
24	- 20 or HP =	1 NEW	x 25	= 25		Fee ($)	Fee Paid ($)

HP = highest number of total claims paid for, if greater than 20

Indep. Claims		Extra Claims	Fee ($)	Fee Paid ($)
2	- 3 or HP =	0	x _____	= _____

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is $250 ($125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets		Extra Sheets	Number of each additional 50 or fraction thereof	Fee ($)	Fee Paid ($)
_____	- 100 =	_____	/ 50 = _____ (round up to a whole number) x	_____	= _____

4. OTHER FEE(S)

Fees Paid ($)

Non-English Specification, $130 fee (no small entity discount)

Other: PETITION FOR RETROACTIVE EXTENSION OF TIME (3 MONTHS)   510.00

SUBMITTED BY AKERMAN SENTERFITT, CUSTOMER NO. 30444		
Signature	Registration No. (Attorney/Agent) 25,931	Telephone 561-653-5000
Name (Print/Type) J. RODMAN STEELE, JR.		Date JUNE 29, 2005